

JUN 27 2006

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FAX COVER PAGE

DATE: June 27, 2006

PAGES INCLUDING THIS PAGE: 25

TO: United States Patent and Trademark Office  
COMPANY: Examiner Robert W. Amareld, Jr., Group Art Unit 3738

FAX NUMBER: 571-273-8300  
PHONE NUMBER:

FROM: Douglas A. Collier

DIRECT DIAL: (317) 238-6333  
FAX NUMBER: (317) 636-1507

RE: Response to Office Action for U.S. Patent Application No. 10/768,797 to John T. Braun, et al.

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ONE INDIANA SQUARE  
SUITE 2800  
INDIANAPOLIS, IN 46204  
TELEPHONE-(317) 636-4341  
FAX-(317) 636-1507

KRIEG DEVAULT LLP  
12800 N MERIDIAN STREET  
SUITE 300  
CARMEL, IN 46032  
TELEPHONE-(317) 566-1110  
FAX-(317) 636-1507

KRIEG DEVAULT GALVIN  
LLP  
5231 HOHMAN STREET  
HAMMOND, IN 46320  
TELEPHONE-(219) 933-0380  
FAX-(219) 933-0471

KRIEG DEVAULT LUNDY  
LLP  
825 ANTHONY WAYNE  
BUILDING  
203 EAST BERRY STREET  
FT. WAYNE, IN 46802  
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FAX-(260) 423-1590

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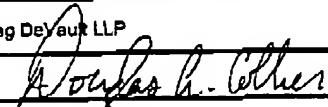
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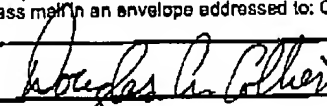
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10789.787	
	Filing Date	January 30, 2004	
	First Named Inventor	John T. Braun, et al.	
	Art Unit	3738	
	Examiner Name	Robert W. Amaral, Jr.	
Total Number of Pages in This Submission	24	Attorney Docket Number	M5D1-892/PC788.00

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Kreg Devault LLP		
Signature			
Printed name	Douglas A. Collier		
Date	June 27, 2006	Reg. No.	43,556

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Douglas A. Collier	Date	June 27, 2006

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act. 2006 (H.R. 4918).

# **FEE TRANSMITTAL**

## **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 450.00
**Complete If Known**

Application Number	10/766,797
Filing Date	January 30, 2004
First Named Inventor	John T. Braun, et al.
Examiner Name	Robert W. Amarel, Jr.
Art Unit	3738
Attorney Docket No.	MSDI-682/PC798.00

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
- 20 or HP =	x	=	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
- 3 or HP =	x	=	0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Request for 2 Mo. Extension of Time

450.00

**SUBMITTED BY**

Signature

*Douglas A. Celler*Registration No. 43,556  
(Attorney/Agent)

Telephone 317-638-4341

Name (Print/Type) Douglas A. Celler

Date June 27, 2006

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